

ing an emergency service or otherwise. Such is a question of fact which should be determined before any action is taken by or on behalf of the Board.

Section 13 of the Vital Statistics Registration Law, Statutes of 1915, p. 378, as amended, requires in part, with reference to the obligation of certain persons to file birth certificates:

"In case no physician was in attendance it shall be the duty of the midwife or person acting as midwife to file such certificate."

It would, hence, seem to be the obligation of a chiropractor to file a certificate where he attended the birth of a child, and there is nothing in the state law to prohibit his using the suffix "D. C." in carrying out the obligation imposed upon him pursuant to said law.

Very truly yours,

U. S. WEBB, *Attorney-General*.

By (Signed) LIONEL BROWNE, *Deputy*.

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Honorable U. S. Webb, Attorney-General,
State Building,
San Francisco, California.

Yours of November 19, re: Chiropractors practicing obstetrics, Opinion No. 10357.

Attention: Lionel Browne, Deputy

Dear Sir:—Many thanks for your opinion (No. 10357) reiterating prior opinions that a licensed chiropractor "has no right to hold himself out as being entitled to do obstetrics," said opinion answering ours of October 28, 1935, to which was attached a birth certificate signed Walter F. Wright, D. C., which certificate was not returned as requested in our letter.

Your opinion indicates that although a chiropractor "has no right to hold himself out as being entitled to do obstetrics," yet because of the phraseology of Section 13 of the Vital Statistics Registration Law, Statutes of 1915, page 378, as amended, a chiropractor may do obstetrics.

This appears to be an instance where the law controlling one commission prohibits a certain thing, whereas the law controlling another state department permits it.

At your convenience, would appreciate the return of the birth certificate issued in the name of Barbara Ann Sarason signed Walter F. Wright, D. C., mentioned in the last paragraph of ours of October 28, 1935.

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

Concerning publicity given to Red Cross Christmas seal.

To the Editor:—Please allow me to express to you, in behalf of our national officers, our very sincere appreciation for the generous contribution of space which you gave to the American Red Cross in CALIFORNIA AND WESTERN MEDICINE. It is only through the splendid co-operation which you and others give to us each November that we are enabled to extend a universal invitation to all Americans everywhere to participate in Red Cross work through individual memberships.

Cordially yours,

DOUGLAS GRIESEMER,
Director of Roll Call.

Concerning resignation from hospital.

December 7, 1935.

To the Editor:—May I ask you to put in an appropriate place, as a news item, in the JOURNAL something to the following effect:

"Dr. Alfred C. Reed has resigned from the board of directors and staff of Mary's Help Hospital in San Francisco."

Very truly yours,

ALFRED C. REED.

Concerning prize awards for essays on goiter problem.

AMERICAN ASSOCIATION FOR THE STUDY OF GOITER

To the Editor:—The American Association for the Study of Goiter again offers the Van Meter prize award

of \$300 and two honorable mentions for the best essays submitted on the goiter problem. This award will be made at the discretion of the society at its next annual meeting to be held in Chicago, Illinois, on June 8, 9, and 10, 1936.

The competing manuscripts, which should not exceed three thousand words in length, must be presented in English and a typewritten double-spaced copy sent to the corresponding secretary, Dr. W. Blair Mosser, 133 Biddle Street, Kane, Pennsylvania, not later than March 1, 1936. Manuscripts received after this date will be held for competition the next year or returned at the author's request. . . .

Very truly yours,

W. BLAIR MOSSER.

SPECIAL ARTICLES

CALIFORNIA CITIES MAINTAIN LOWEST INFANT MORTALITY RATES

California cities again score in the maintenance of the lowest infant mortality rates for cities in the various classifications of population. Among cities having populations of 250,000 and over, San Francisco in 1934 had an infant mortality rate of thirty-three, the lowest of any cities having similar populations throughout the United States. Portland, Oregon, with a rate of thirty-six, secured the second lowest such rate in this classification of population, and Oakland, with a rate of forty, had the third lowest infant mortality rate among large cities of the United States.

Among cities having populations of 100,000 to 250,000, Long Beach with a rate of thirty-one had the lowest infant mortality rate of all cities in this classification of population. The next lowest rates among such cities were secured by Lynn, Massachusetts, and New Haven, Connecticut.

Among cities having populations between 50,000 and 100,000, San Jose, with a rate of nineteen, had the lowest infant mortality rate of all cities having similar populations. New Rochelle, New York, and Evanston, Illinois, with rates of twenty-four and twenty-one, respectively, followed San Jose in maintaining the lowest such rates among cities having similar populations.

No comparisons have been made for cities with populations of less than 50,000 since many cities reported too few births in 1934 to yield reliable annual rates.

These remarkable records of California cities have been maintained over a considerable period of years. Until this year, northwestern cities have maintained the lowest records among large cities of the United States, but now San Francisco, with the low rate of thirty-three, makes the most favorable record of any large city in the country.

The people of San Francisco, Oakland, Long Beach, and San Jose may well be proud of this remarkable record. It is doubtful that any other index to general health conditions can be comparable to that provided by the infant mortality rate. If conditions that are favorable toward the saving of infant lives prevail in any community, it may be regarded, generally, that health conditions for individuals of all ages are equally favorable.

The figures as given in this article, were released by the American Child Health Association of New York City, which issues a statistical report of infant mortality annually. The 1934 report referred to covered 985 cities of the United States.

The urban infant mortality rate for 1934 represents an interruption in the almost constant downward trend in infant mortality throughout the municipalities of the United States. The 1933 rate was exactly one point lower than the 1934 rate. It would appear that in those cities where increased rates are found in 1934, lower rates have prevailed during preceding years. The American Child Health Association comments as follows: "Public health should not slacken its efforts once a low rate has been achieved. Constant vigilance is essential if the low rate is to be maintained."—*Weekly Bulletin, California Department of Public Health*.